

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Wayne Reynolds Case Management Super.
	Organizational Unit: DPHHS/DSD/DDP		Organizational Unit: ORI
	Address: HELENA, MT		Address: 514 S. Front, STE D, Conrad, MT 59425

1. TYPE OF REQUEST: Follow-up to Verbal Request ☐ **X** Written Request

2. STATEMENT OF QUESTION OR ISSUE: PSP policy concerning time-lines and signature

Regarding distribution of the PSP. Case managers, by policy, are required to get out the signed PSP within 15 days of the meeting. We have that and other timelines that we are required to live by.

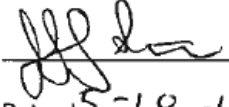
So, if after repeated requests, a provider has still not provided complete information for their portion(s) of the PSP (Lifestyles, Wellness, Medications, Medical, Financial)...prior to, or even after the PSP meeting,

1) should the CM send out the PSP even if the provider has not provided all the information required, meeting our required timelines...(either with CM signature, or withholding CM signature.)

2) Wait until information is received....possibly not meeting PSP distribution timelines...

3) Postpone PSP meeting until info is received...not meeting 365 day meeting timeline.

3. ANSWER: If the Case Manager has not received the required documents for the PSP meeting, the Lifestyles, Wellness, Medications, Medical and Financial sections prior to the Personal Support Planning Meeting (PSP). The Quality Improvement Specialist is to be notified and a Quality Assurance Observation Sheet (QAOS) must be written citing the failure to follow the PSP policy and the specific section(s) not complied with. The meeting must proceed as scheduled. The Case Manager must meet the required timelines and sign the document with or without the provider sections. A copy of the QAOS will be forwarded with the PSP and once the required sections are sent to the Case Manager the missing documents will be forwarded along with an up-dated QAOS. The Case Manager will initial each section that was received late in the top front corner of the first page before distribution to the Team.

 Approved and Issued by:
Program Director
Date 5-18-11

STATE USE ONLY	4: DISTRIBUTION:	5: FOLLOW-UP:
	One Copy:	To be issued as Bulletin to:
	One Copy:	(Division Administrator)
	One Copy:	Manual. Expected Date of Issuance:
	Additional Copies:	A.R.M. Change
	Requestor	State Plan Change
	Manual Coordinator	
	Division Files	